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Application ID:

Title of Invention:

10658014

METHOD AND SYSTEM TO

PROCESS A BILLING FAILURE IN A

NETWORK-BASED COMMERCE

FACILITY

First Named Inventor:

Don Teague

Domestic/Foreign Application:

Domestic Application

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4038

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5776P006X

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TRANSMITTAL

Electronic Version v1.1 Stylesheet Version v1.1.0

Title of Invention

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Submitted by:	Elec. Sign.	Sign. Capacity		
Tarek Fahmi Registered Number: 41402	Tarek Fahmi	Attorney		

Documents being submitted

Files

us-ids

5776P006X-usidst.xml

us-ids.dtd us-ids.xsl

Comments



ELECTRONIC INFORMATION DISCLOSURE STATEMENT

Electronic Version v18 Stylesheet Version v18.0

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Art Unit:

Unknown

Examiner:

Unknown Unknown

Search string:

(5329589).pn.

US Patent Documents

Note: Applicant is not required to submit a paper copy of cited US Patent Documents

init	Cite.No.	Patent No.	Date	Patentee	Kind	Class	Subclass
	1	5329589	1994-07-12	Fraser, Alexander G., et al.	,		

Remarks

Note: Remarks are not for responding to an office action.

Applicants, in accordance with their duty of disclosure under 37 CFR 1.56 and in accordance with 37 CFR 1.97(b)(3), hereby submit this Electronic Information Disclosure Statement citing U.S. Patent Documents for consideration by the Examiner. Pursuant to 37 CFR 1.97, the submission of this Electronic Information Disclosure Statement is not to be construed as a representation that a search has been made and is not to be construed as an admission that the information cited in this statement is material to patentability. This Electronic Information Disclosure Statement is being filed prior to a substantive examination of the claims. Pursuant to 37 CFR 1.97(b), no fee should be required for the filing of this Electronic Information Disclosure Statement. In the event it is determined that a fee is due, please charge the fee to Deposit Account 02-2666. Applicants respectfully request that the cited documents be considered and that the form be initialed by the Examiner to indicate such consideration and a copy thereof be returned to Applicants' attorney of record.

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Examiner Name	Date